

PART B - FEE(S) TRANSMITTAL

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00200 7590 12/06/2005

EATON CORPORATION
 EATON CENTER
 1111 SUPERIOR AVENUE
 CLEVELAND, OH 44114

02/22/2006 RMEBRAH1 00000072 050275 10612748

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Scott A. Rossi	(Depositor's name)
<i>Scott A. Rossi</i>	(Signature)
2/16/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/612,748	07/02/2003	Robert P. Benjey	02-ASD-333 (SR)	5539

TITLE OF INVENTION: CONTROLLING VAPOR RECIRCULATION DURING REFUELING OF A TANK THROUGH A FILLER TUBE FROM A DISPENSING NOZZLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAUST, TIMOTHY LEWIS	3751	141-059000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 ANNA M. SHIH

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EATON CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CLEVELAND, OHIO

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0235 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

Typed or printed name

Registration No.

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